



California Pajarosa Floral

P.O. Box 684
Watsonville, CA 95077
ph 831.722.6374
fax 831.722.1316

company name

address

address

I hereby authorize **California Pajarosa Floral** to charge all purchases to the credit card indicated below until further notice. In the event of a dispute, I agree to contact **California Pajarosa Floral** to try to resolve the dispute prior to contacting my credit card company.

signature - Must be Cardholder or authorized signer on card date

print name & title

Choose one:

- Charge on Invoice to Invoice basis
- Charge Monthly Balance (end of Month)
- Charge as authorized

Card: (select one) **Visa**__ **Master Card**__

Account Number: _____

Exp. Date: _____

Cardholder Name: _____

Billing Address of Account: _____

CVV2 (Card Verification) _____

Please Indicate type of Account:

personal__

business__

Back-up Card: (optional) **Visa**__ **Master Card**__

Please Indicate type of Account:

Account Number: _____

personal__

Exp. Date: _____

business__

Cardholder Name: _____

Billing Address of Account: _____

CVV2 (Card Verification) _____